

PLUMBING EXAM

**Department of Building & Safety
555 South 10th Street, Room 203
Lincoln, NE 68508**

EXAM SCHEDULE

The Plumbing Exam shall be given on the 3rd Thursday of February, May, August and November.

TIME & PLACE OF EXAM

The Project Portion of the Plumbing test will begin at 6:30 a.m. SHARP.

Late arrivals will NOT be allowed to test and will receive a ZERO on the project portion of the test. There will be a **2 hours time limit to complete the exam.**

All Written Portions of the Plumbing, Water Conditioning, and Gas Fitters Examination will begin at 9:00 a.m. SHARP. There will be a five (5) hours time limit to complete the Plumbing Exam.

**The Water Conditioning, Gas Fitters and ALL PORTIONS
Of the Plumbing Examination will be given at**

**ABC Training Center
830 West Gate Boulevard
(See Map)**

BRING TO EXAM

- * 2000 UPC and Lincoln Plumbing Code Amendments
- * Lincoln Gas Piping Code Book (Lincoln Municipal Code: Section 24.05)

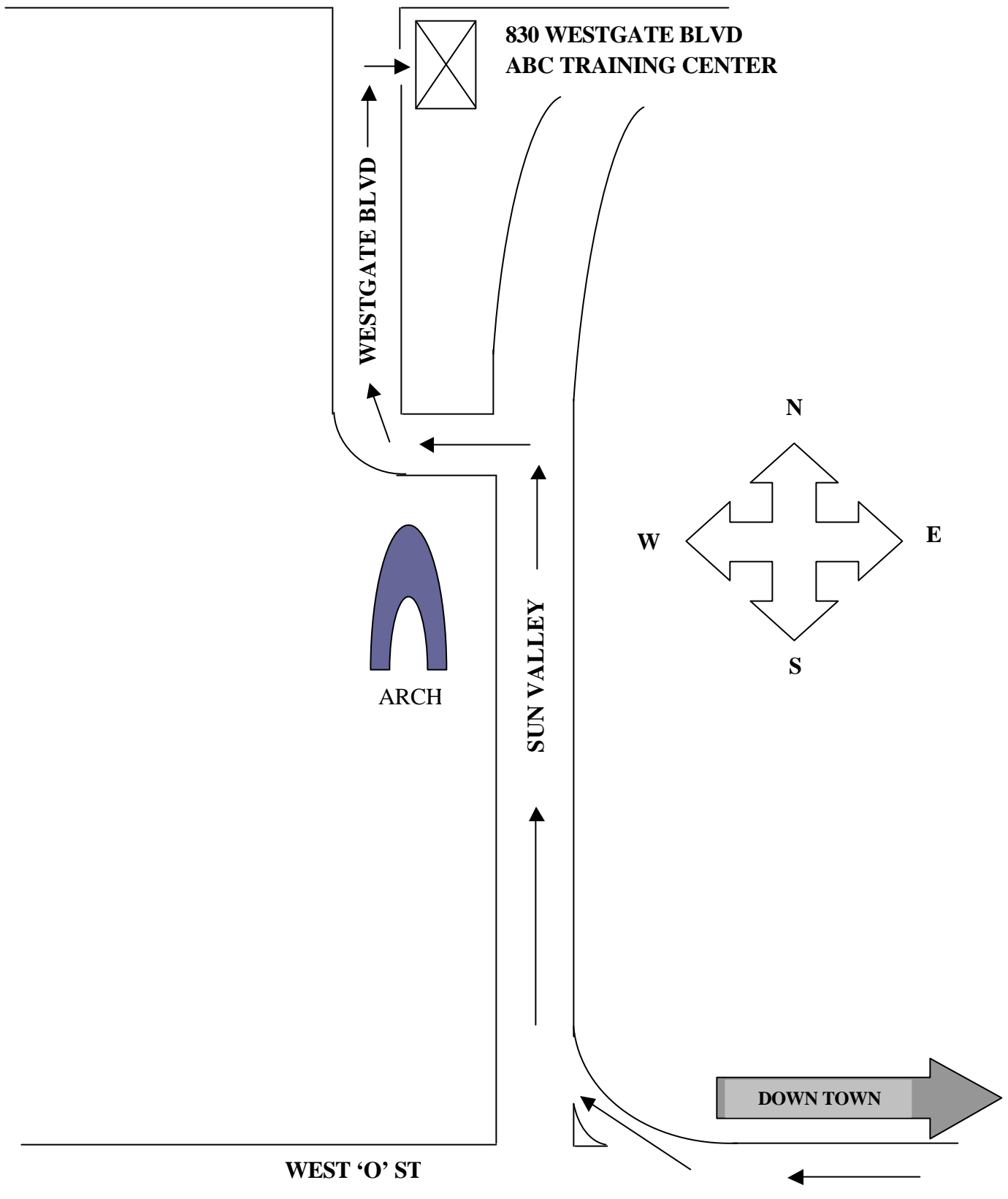
DEADLINE

Exam Fee (see application) and completed application shall be submitted at least two (2) weeks prior to the exam date.

To cancel your scheduled test time, please call the day before to make your cancellation notice.

**If you have any questions, call the Department of Building & Safety
Plumbing Section, (402) 441-7525**

MAP



DETACH AND SAVE THIS MAP FOR YOUR USE

PLUMBING EXAM
DEPARTMENT OF BUILDING & SAFETY
CITY OF LINCOLN, NE

COPPER PROJECT

Materials and Tools to be furnished by applicant:

QUANTITY	TYPE
1	Piece 1-½ Copper Type M or L 21” long
1	Piece ¾ Copper Type M or L 30” long
1	Piece 1-½ x ¾ Tee
2	Piece ¾ C. 90 Degrees
8 oz.	Lead-free Solder
1	Piece of Sand Cloth
1	Piece ¾ C 45 Degree

Solder Flux

QUANTITY	TYPE
1	Tubing Cutter 1-½ Copper Pipe
1	Soldering Torch
1	Hack Saw
1	6’ Ruler
1	Level
1	Pair Pliers – Channellocks
1	Hammer
1	Screen Driver

Optional Items

- * Saws –all
- * Pipe Vise
- * Extention Cord

EXAMS

Receipt # _____

Date: _____

**DEPARTMENT OF BUILDING & SAFETY
555 SOUTH 10TH STREET, ROOM 203,
LINCOLN, NE 68508**

If you are retaking an exam within 6 months of your first exam, you may stop after the "Application for:" section

NAME _____
(Type or Print)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

Application for:

- Please check one -

ELECTRICAL EXAM

Master \$50.00
Journeyman \$50.00
Maintenance \$50.00

DECO FIREPLACE/GAS LOG EXAM

Contractor \$50.00
Installer \$50.00

HVAC EXAM

Master Contractor \$150.00
Journeyman Tech \$100.00

PLUMBING EXAM

Master \$100.00
Journeyman \$75.00

GAS FITTER EXAM

Master \$30.00
Journeyman \$30.00

WATER CONDITIONING EXAM

Contractor \$50.00
Installer \$50.00

FIRE SPRINKLER EXAM

Contractor \$40.00
Journeyman \$40.00

GAS EXTINGUISHER EXAM

Contractor \$40.00
Journeyman \$40.00

WET/DRY CHEMICAL EXAM

Contractor \$40.00 ?
Journeyman \$40.00 ?

- If you are **retaking** an exam *within 6 months* of your *first exam*, you may stop here –

List appropriate **LICENSES or CERTIFICATES** issued to you by other governmental agencies:

1. Type: _____ Issued by: City ? State ? (Check one)

Exam Date _____/_____/_____ (Month/Year) Registration #: _____

2. Type: _____ Issued by: City ? State ? (Check one)

Exam Date _____/_____/_____ (Month/Year) Registration #: _____

EMPLOYMENT

1. Present: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to Present Type of Work _____

2. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

3. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

4. Previous: _____ Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Owner's/Supervisor's Name _____

Employed from _____/_____/_____ (Month/Year) to _____ Type of Work _____

EDUCATION

College / University _____ City, State _____

Type of Course _____ Degree _____ Year Completed _____

Course completed appropriate to application:

1. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

2. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

3. Name of School _____ City, State _____

Type of Course _____ Started _____ Completed _____
Date Date

EXPERIENCE

List Two MAJOR PROJECTS that you have worked on within the past year:

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

List **PROJECTS** you have worked on in the **PREVIOUS THREE YEARS:**

1. Name _____ Address _____

Type of Work _____

2. Name _____ Address _____

Type of Work _____

3. Name _____ Address _____

Type of Work _____

4. Name _____ Address _____

Type of Work _____

List below any ADDITIONAL INFORMATION or WORK EXPERIENCE that may be valuable to the Board of Examiners:

I hereby grant permission the Board of Examiners to contact employers, schools or individual persons named on this application for verification of the information submitted.

False information submitted will be *grounds to void* the application or *revoke* a Certificate issued.

X _____
Signature of Applicant